

# Summary of Benefits Report for Oregon, Medicaid

## InsureKidsNow.gov

### Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
<b>Cleanings</b>	Yes	2 x year	2 times within 12 months
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	Additional fluoride treatments may be available, up to a total of 4 treatments within 12 months
<b>Sealants (list any tooth-specific limits)</b>	Yes	1 x every 5 years	Only for permanent molars; under 16 years of age
<b>Space maintainers</b>	Yes	1 x lifetime	The Division may not reimburse lost or damaged removable space maintainers. Clients under 19 years of age.

### Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
<b>Oral health screening or assessment</b>	Yes		As needed.	
<b>Dental examinations</b>	Yes	2 x year	First exam recommended at the time of eruption of the first tooth and no later than 12 months of age	12 months
<b>Assessment of risk for tooth decay</b>	Yes		As needed. Not separately billable.	

### X-Rays

<b>Bitewing</b>	Yes	1 x year	Routine radiographs once every 12 months	
<b>Full Mouth</b>	Yes	1 x every 5 years	Panoramic or full mouth xrays cannot both be done within the same 5-year period	
<b>Panoramic</b>	Yes	1 x every 5 years	Panoramic and full mouth xrays cannot both be done within the same 5-year period	

### Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
<b>Anti-microbial treatments that stop decay from spreading</b>	Yes		Up to 2 applications per year.	
<b>Fillings</b>				
Silver amalgam	Yes			
Tooth colored composite	Yes		Replacement of posterior composites 1x per five years	
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes		Anterior primary teeth/posterior permanent or primary teeth.	
Metal (only) crowns	No			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Metal/porcelain crowns	Yes		Age 16 through 20, only anterior permanent teeth	
Porcelain (only) crowns	No			
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes		Not covered for third molars	
<b>Gum (periodontal) therapy</b>	Yes			
<b>Dentures</b>				
Partial dentures	Yes		For clients 16 and older-subject to program limitations	
Complete dentures	Yes		For clients 16 and older-subject to program limitations	
Bridges	No			
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes		By review	
Braces	Yes		By review	Only with diagnosis of cleft palate, with or without cleft lip
<b>Oral surgery</b>				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	No		Orthodontic services through the dental program.	
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	No			
<b>Treatment of jaw joint problems (TMJ)</b>	No			
<b>Emergency room services provided by a dentist</b>	No			
<b>Inpatient Hospital Services</b>	Yes			
<b>Anesthesia</b>				
General anesthesia	Yes			
Intravenous conscious sedation	Yes			
Non-intravenous conscious sedation	Yes			
Analgesia (nitrous oxide)	Yes			

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\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).